

From: Luis Grillo
15/11/24, 15:54

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To

Fax: +18506176381

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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (305)397-0980

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: filings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXY ANDRADE LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL

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NOV 18 2024
T. LEMUEX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXY ANDRADE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/08/2024 and assigned

Florida document number L24000302268.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2 S Biscayne Boulevard Suite 3200 #2781

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida, 33131

Enter new mailing address, if applicable:

2 S Biscayne Boulevard Suite 3200 #2781

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida, 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LUPA ENTERPRISES INC

New Registered Office Address:

100 SE 2ND STREET, SUITE 2000

Enter Florida street address

MIAMI

Florida

33131

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Luciana Mordini

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]**Filing Fee: \$25.00**